



Medex[®]

Summary of Benefits

Medex 3 Plan 2004—Plan Overview

This Medex plan provides benefits for:

- Medicare Part A Deductible and Co-insurances
- Medicare Part B Deductible and Co-insurance
- OBRA Benefits
- Prescription Drugs



Inpatient Care	Medicare Provides	Medex Provides
Hospital care—including surgical services, X-rays and laboratory tests, anesthesia, drugs and medications, and intensive care services	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$876 inpatient deductible • Coverage for days 61–90 after \$219 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$438 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits end*
Physician or other professional provider services	80% of approved charges after \$100 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Skilled nursing facility—participating with Medicare	<ul style="list-style-type: none"> • Full coverage for days 1–20 • Coverage for days 21–100 after \$109.50 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare daily co-insurance for days 21–100 • \$10 daily for days 101–365
Skilled nursing facility—not participating with Medicare**	No benefits	\$8 daily for 365 days per benefit period
Outpatient Care		
Office visits Accident treatment Sudden and serious medical emergency treatment Surgery Radiation therapy X-ray and laboratory tests Podiatrists' services Hemodialysis Ambulance services Durable medical equipment Cardiac rehabilitation services Physiotherapy services	80% of approved charges after \$100 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Retail prescription drugs—administered by Express Scripts	Medicare does not provide coverage for most prescription drugs used outside of the hospital. See your Medicare handbook for certain covered drugs.	After a \$50 calendar-year deductible: <ul style="list-style-type: none"> • Full coverage (generic drugs) • 80% coverage (brand-name drugs) Purchased at participating pharmacies inside Massachusetts or any pharmacy outside of Massachusetts.
Mail-service drugs—administered by Express Scripts	No benefits	Full coverage after a: <ul style="list-style-type: none"> • \$2 copayment (generic drugs) • \$15 copayment (brand-name drugs) Up to a 90-day supply—generic or brand-name, when purchased from the mail-service pharmacy.
Blood glucose monitors and materials to test for the presence of blood sugar	80% of approved charges after \$100 annual Part B deductible for all diabetics	Full coverage of Medicare deductible and co-insurance
Urine test strips Claims must be submitted on a Medex Subscriber Claim Form.	No benefits	Covered to the same extent as brand-name prescription drugs.

* The 365 additional days per lifetime are a combination of days in a general or mental hospital.

** A combined maximum of 365 days per benefit period in a Medicare-participating and non-participating skilled nursing facility.

Outpatient Care	Medicare Provides	Medex Provides
Chiropractor services	80% of approved charges after \$100 annual Part B deductible, for manual manipulation of the spine to correct a subluxation demonstrated by an X-ray	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance for Medicare-approved charges only • 20% of the approved charges for services not covered by Medicare

Mental Health and Substance Abuse Treatment

Biologically-based mental health conditions*

Inpatient admissions in a general or mental hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$876 inpatient deductible • Coverage for days 61–90 after \$219 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$438 daily co-insurance • Coverage for mental hospital admissions is limited to 190 days per lifetime 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits end**
Outpatient visits	Full coverage after \$100 annual Part B deductible and Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Medicare deductible and co-insurance with no visit maximum • When visits are not covered by Medicare, full coverage with no visit maximum

Non-biologically-based mental health conditions (includes drug addiction and alcoholism)

Inpatient admissions in a general hospital	<ul style="list-style-type: none"> • Coverage for days 1–60 per benefit period after \$876 inpatient deductible • Coverage for days 61–90 after \$219 daily co-insurance • Coverage for an additional 60 lifetime reserve days after \$438 daily co-insurance 	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage up to 365 additional hospital days in your lifetime when Medicare benefits end**
Inpatient admissions in a mental hospital	Same coverage as a general hospital, but coverage is limited to 190 days per lifetime	<ul style="list-style-type: none"> • Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • When Medicare days are used up, full coverage for 120 days per benefit period (at least 60 days per calendar year), less any days in a mental hospital already covered by Medicare or Medex in that benefit period (or calendar year)
Outpatient visits	Full coverage after \$100 annual Part B deductible and Part B co-insurance	<ul style="list-style-type: none"> • When covered by Medicare, full coverage of Part B deductible and co-insurance with no visit maximum • When not covered by Medicare, full coverage up to 24 visits per calendar year

* Treatment for rape-related mental or emotional disorders is covered to the same extent as biologically-based conditions.

** The 365 additional days per lifetime are a combination of days in a general or mental hospital.

Preventive Services Approved by Medicare and Medex

- One routine fecal-occult blood test every year for members age 50 or older (Full coverage)
- One routine flexible sigmoidoscopy every four years for members age 50 or older (Full coverage)
- One routine colonoscopy every two years for a member at high-risk for cancer (Full coverage)
- Other routine colorectal cancer screening tests or procedures and changes to tests or procedures according to frequency limits set by Medicare (Full coverage)
- Routine prostate cancer screening for members 50 years or older including one (PSA) test and one digital rectal exam, per calendar year (Full coverage)
- One routine gynecological exam every two years (Full coverage)
- One routine gynecological exam per calendar year for a member at high risk for cancer (Full coverage when covered by Medicare)
- One baseline mammogram during the five year period a member is age 35-39 and one routine mammogram per calendar year for members age 40 and older (Full coverage)
- One routine Pap smear test per calendar year (Full coverage)
(Exam not covered every year, unless covered by Medicare for member at high risk for cancer.)

Important Information

- Blue Cross Blue Shield and Medicare will pay only for services that are medically necessary.
- Benefits are available immediately upon your effective date.
- The Medicare inpatient deductible and co-insurance amounts are subject to change January 1 of each year. The deductibles and co-insurance amounts listed here are for the year 2004.
- You are encouraged to use an Express Scripts pharmacy outside of Massachusetts. These pharmacies will file claims for you as long as you have your ID card with you.

Healthy Blue Programs

At Blue Cross Blue Shield of Massachusetts we offer you Healthy Blue, a group of programs, discounts and savings, resources, and tools to help you get the most you can from your health care plan. You'll receive our Healthy Blue booklet, which outlines these special programs.

Living Healthy Vision—discounts on eyewear (frames, lenses, supplies, and laser vision correction surgery)	Discount varies
Discounts on safety helmets and home safety items	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day—call 1-888-247-BLUE (2583)	No charge
Living Healthy Naturally—discounts on different types of complementary and alternate medicine services such as acupuncture, massage therapy, nutritional counseling, personal training, Pilates, tai chi, and yoga	Up to a 30% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on www.bluecrossma.com —to help you manage your health care	No charge

Member Service

The Member Service staff can assist you Monday through Friday, 8 am to 6 pm.

For questions about claims, benefits, or membership, call:

1-800-782-3675

Telecommunications Device for the Deaf (TDD)

1-800-522-1254

Medicare Office Telephone Number in Massachusetts

1-800-882-1228

Write: Blue Cross Blue Shield of Massachusetts

P.O. Box 9131

North Quincy, MA 02171-9131

For more information about Blue Cross Blue Shield, log on:

www.bluecrossma.com

This Summary of Benefits highlights some of the benefits available through your group as of January 1, 2004. The benefit description, along with any riders, defines the terms and conditions of your coverage. Should any questions arise concerning coverage, the benefit description and applicable riders will govern. **Please Note:** Blue Cross and Blue Shield of Massachusetts, Inc. is the administrator of the benefits described in this Summary of Benefits. Blue Cross Blue Shield administers claim payments only and does not assume financial risk for claims.

